

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1962

62-013673

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 805

VS 300
Rev. 4/59

14002
24029

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4 2

5 2

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7 1

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9 491X

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11

12 45-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CLAYTON

Length of stay in 1b
6 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis Co. Hosp

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo b. COUNTY St. Louis

c. CITY OR TOWN KINLOCK Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
8026 Hugo Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Joseph

Shelton

4. DATE OF DEATH

Month Day Year

Feb. 15

1962

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

UNK

9. AGE (last birthday)

UNK

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret.

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

LOUISIANA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

UNK

13b. MOTHER'S MAIDEN NAME

UNK.

14. NAME OF HUSBAND OR WIFE

Gertrude Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William Smith 2801 Thomas

18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fibrous Pleuritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 9, 1962 to Feb. 15, 1962 and last saw her alive on 2-15-1962

Death occurred at 4:55pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John C. Murphy

22b. ADDRESS

601 S. Brentwood, Clayton, Mo.

22c. DATE SIGNED

2/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3/9/62

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cem St. Louis Co. Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

Boyd Bros.

25. DATE RECD. BY LOCAL REG.

3-8-62

26. REGISTRAR'S SIGNATURE

John C. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry C. Williams

Licensed Embalmer No. 4781

P. O. Address 1205 Walton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.